

**BOARD OF PRIVATE SECURITY PATROL OFFICERS AND INVESTIGATORS**

301 South Park, Room 430  
P. O. Box 200513  
Helena, Montana 59620-0513  
(406) 841-2348 FAX (406) 841-2309  
EMAIL: dlibsdp@mt.gov  
WEB SITE: www.privatesecurity.mt.gov

**APPLICATION PROCESS FOR LICENSURE**

Please allow 21 to 30 days to process a complete application from the time it is received in the board office. If application is incomplete, or fingerprints are rejected it will take more time.

**LICENSURE REGISTRATION TYPES:** (PI) Private Investigator

**LICENSURE SPECIALTIES:** (AR) Armed

**LICENSING REQUIREMENTS:**

- Must be at least 21 years of age
- Must be a citizen of the United States
- Must have three years full-time experience per 8.50.428 (24.186.503).

**FEES FOR LICENSURE:**

Private Investigator .....	\$ 200.00
FBI Fingerprint Processing Fee .....	\$ 24.00
Dept of Justice Fingerprint Processing Fee.....	\$ 8.00
Armed Endorsement.....	\$ 25.00
Examination Fee .....	\$ 20.00

- **Make check or money order payable to the Montana Board of Private Security**
- **DO NOT SEND CASH**

**APPLICATION PROCEDURES AND SUPPORTING DOCUMENTS:** The following information and/or documentation is required. A license will not be issued until all materials are received and approved.

1. Completed application form and fees.
2. Completed fingerprint card.
3. A full-face photograph of head and shoulders.
4. Scanning Input Form with signature and photograph of applicant attached in space provided.
5. A list of employment for the past five (5) years by occupation, time employed, name and address of employer. Include periods of unemployment, semi-retirement, student enrollment, etc. Do not leave any gaps in the 5-year history.
6. Proof of education; i.e. diploma, transcripts, training certificates.
7. Proof of experience; i.e. documentation from employer, W-2's, tax returns.
8. Copies of licenses held in other states.

**EXAMINATION:**

Upon Board approval of an application, applicants applying for may be required to pass an examination in their respective licensure area. Applicants required to take an exam must successfully pass a written examination in their area of licensure with a score of 70% or more on each part of the examination. An applicant may retake that section of an examination if they fail, upon payment of another examination fee.

**ARMED STATUS:**

Applicants requesting armed status will have firearms training by a Board Licensed Firearms Instructor, and the training certificate will need to be submitted with the application to the Board office.

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**Application for Licensure as:**☐ **Private Investigator****License Endorsement/Specialty:** ☐ **Armed**

1. FULL NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

2. OTHER NAMES KNOWN BY: \_\_\_\_\_

3. BUSINESS NAME, IF ONE: \_\_\_\_\_

4. BUSINESS ADDRESS: \_\_\_\_\_  
Street and PO Box # City/State Zip

5. HOME ADDRESS: \_\_\_\_\_  
Street and PO Box # City/State Zip

6. TELEPHONE: \_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Employer Home Fax

7. SOCIAL SECURITY NUMBER: \_\_\_\_\_ FOREIGN ID NUMBER: \_\_\_\_\_

8. DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
☐ MALE  
☐ FEMALE

HEIGHT	WEIGHT	EYES	HAIR

9. LIST YOUR EXPERIENCE WHICH MEETS THE REQUIREMENTS FOR LICENSURE (attach supplement if necessary):

\_\_\_\_\_  
\_\_\_\_\_

10. LIST TRAINING OR EDUCATION THAT PERTAINS TO YOUR LICENSURE FIELD (attach supplement if necessary):

\_\_\_\_\_  
\_\_\_\_\_

11. EMPLOYMENT HISTORY: Minimum of the last five (5) years must be shown and does not necessarily need to relate to employment to qualify for licensure. Enter most recent position first. If additional space is needed, attach a separate sheet or resume.

NAME &amp; ADDRESS OF EMPLOYER

YOUR POSITION

DATE (FROM-TO)

12. Are you a high school graduate or its equivalent?

☐ Yes ☐ No

Name of High School: \_\_\_\_\_ State: \_\_\_\_\_

**Please answer the following questions. If you answer yes, attach a detailed explanation identifying each occasion, the date and substance of the allegation, all agency documents, orders, final orders, stipulations and consent and/or settlement agreements.**

13. Has a licensing agency ever taken adverse or disciplinary action against your license (certificate)?

☐ Yes ☐ No

14. Has your license ever been forfeited or surrendered?

☐ Yes ☐ No

15. Has a complaint ever been made against you alleging unethical behavior or unprofessional conduct?

☐ Yes ☐ No

16. Has any legal or disciplinary action been filed against you which relates to the propriety or your fitness to practice this profession/occupation?

☐ Yes ☐ No

17. Have you ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which you were a member?

☐ Yes ☐ No

18. Do you have criminal charges pending or have you ever pled guilty or been convicted of a crime (including a plea of no contest or deferred prosecution) whether or not an appeal is pending? You may omit charges or convictions prior to your 16<sup>th</sup> birthday.

☐ Yes ☐ No

19. Have you ever been charged with fraud, formally or informally, in any civil proceeding?

☐ Yes ☐ No

20. Have you any physical or mental condition which has adversely affected your ability to practice this profession/occupation?

☐ Yes ☐ No

21. Have you ever used alcohol or any other mood-altering substance in a manner which adversely affected your ability to practice this profession/occupation?

☐ Yes ☐ No

22. Have you had any traffic violations in the past five years. If yes, list all violations.

☐ Yes ☐ No

23. Do you currently hold any type of license in Montana or another state?

☐ Yes ☐ No

If yes, provide the following information:

State/Province/Territory	License Number	Date Issued	Is License Current	Type of License
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

24. List three references below, not related by blood or marriage. Two of the three being a former employer, individual, or firm with whom you had a working contractual agreement or had knowledge of the agreement or working relationship.

Name of Reference	Relationship	Phone Number

### AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Private Security Patrol Officers and Investigators.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

I hereby declare that if a Montana license is issued to me, I agree to conduct myself in accordance with the laws of Montana and the rules of the Board of Private Security Patrol Officers and Investigators.

\_\_\_\_\_  
Legal Signature of Applicant

\_\_\_\_\_  
Dated

Subscribed and sworn to by me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at

\_\_\_\_\_  
City/State

SEAL

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public Printed Name

For the State of \_\_\_\_\_

My commission expires \_\_\_\_\_, \_\_\_\_\_.

STATE OF MONTANA – DEPARTMENT OF LABOR AND INDUSTRY  
BOARD OF PRIVATE SECURITY PATROL OFFICERS AND INVESTIGATORS

**SCANNING FORM FOR PHOTO ID CARD**

**Affix Photo Here**

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**Signature required on above line.**